




Swine Flu: The Risks and Efficacy of Vaccines

Death from the flu is often heartrending for those who have to watch: the victim, having been weakened from the flu virus, contracts pneumonia from bacteria or viruses that have taken hold in the lungs, and he or she struggles for every breath. 

The victim's breathing is often raspy, and it is abnormally fast, like the panting of a worn-out dog. As the victim's body fights the lung infection, the lungs fill with pus and other fluids, cutting off the flow of oxygen and causing the victim to turn colors — from shades of gray to a bluish purple. The victim's struggle to breathe can last for hours and hours.

Between 30,000 to 40,000 people die of the flu each year according to the Centers for Disease Control (CDC), so it's understandable that Americans are willing to line up in doctors' offices, and even in grocery stores, to get flu shots to ward off the possibility of catching the flu — especially with the dreaded swine flu prevalent this year. (In 1918-1919, the Spanish flu, an ancestor of the modern swine flu, reportedly killed upwards of 50 million people worldwide.)

Government entities are taking seriously the threat of a repeat of the morbidity and death rates of the 1918-1919 flu. The United Nations recently claimed millions around the world would die if rich countries refused to provide billions of dollars for vaccines. In the United States, the President's Council of Advisors on Science and Technology recently issued a dire warning entitled "[On US Preparations for 2009-H1N1 Influenza](#)" about the potential spread of the virus later on this year. It claimed that a "plausible scenario" would be "infection of 30-50 percent of the U.S. population this fall and winter, with symptoms in approximately 20-40 percent of the population (60-120 million people), more than half of whom would seek medical attention."

While acknowledging that the true impact is impossible to predict, the report said the H1N1 virus could result in up to 1.8 million hospital admissions with as many as 300,000 people requiring hospitalization in intensive care units. This would place "enormous stress" on intensive care units, with between 50 to 100 percent of beds occupied.

"It's a plausible scenario that we need to be prepared for," said Marty Cetron, the CDC's director of the Division of Global Migration and Quarantine.

The answer to the swine flu, according to most public officials, is a worldwide flu vaccination campaign. The United States is on board. The coming swine flu vaccination campaign will be the first time the U.S. government has ever attempted to vaccinate so many people in such a short time frame.

But even as governments around the world create vaccines and run TV and radio ads convincing the public to get vaccinated (Health and Human Services Secretary Kathleen Sebelius even promoted the vaccine for the seasonal flu and the swine flu on NBC's *Today* show), and people prepare to line up to get their shots and boost their immunity, a growing chorus of doctors and researchers is claiming that being injected with the swine flu vaccine may be more hazardous than catching the flu.

How Bad Is the Bug?

A primary reason behind caution toward receiving the swine flu vaccine, besides the possible negative



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effects of the vaccine itself, is that the H1N1 version of the swine flu is not very deadly in comparison with other variants of the flu.

Dr. Marc Lipsitch of Harvard University, an expert in infectious diseases, [said that swine flu death rates have been overblown](#), and that the effects of the swine flu outbreak so far are comparable to a mild seasonal influenza. "Barring any changes in the virus, I think we can say we are in a category one pandemic," he noted. The CDC has five pandemic levels, with one being comparable to the seasonal flu.

Others agree. "The good news is that so far, everything that we've seen, both here and abroad, shows that the virus has not changed to become more deadly," said CDC director Thomas Frieden, according to an article in the *Wall Street Journal* entitled "[Swine Flu Remains Mild as Vaccine Advances](#)" and another report [by Reuters](#). "That means that although it may affect lots of people, most people will not be severely ill."

A spokesman for a United Nations agency told a press conference that less than 3,500 people had died so far worldwide because of the increase in infections.

Australia's federal Health Minister Nicola Roxon also [highlighted the relative mildness of the disease](#). "Most people, including children, will experience very mild symptoms and recover without any medical intervention," she explained. The flu season in Australia (where it is now spring) is drawing to a close and varying reports put the number of H1N1 virus-related deaths in the country at significantly less than 200.

[In another recent report](#) released about the swine flu, the CDC analyzed the deaths of the 36 American children whose deaths were linked to the virus. According to the analysis, more than two-thirds of them "had one or more of the high-risk medical conditions" like asthma, cerebral palsy, or muscular dystrophy. Many of the others were dealing simultaneously with bacterial infections.

Some experts have also said there is no danger of the virus mutating to become more deadly if it has not happened yet. For instance, Italian oncologist professor [Umberto Veronesi said](#) the epidemic is limited in terms of danger since "there will be no mutation in the genes of the flu."

Vaccine Variances

Even though this strain of the swine flu is appearing quite mild, the creation and testing of the vaccine is taking place at a rate that calls into question the safety of the flu shot. Sharon Frey, who is leading the government vaccine testing at St. Louis University, [told the Associated Press](#), "Typically it takes a year to do this," adding, "We're working at breakneck speed."

To cut time, corners are likely being cut: inoculations may start before the speedy trials are even over, according to the head of the flu vaccination program at the CDC. Safety tests are being fast-tracked under "public health emergency" rules.

This fast-tracking is happening worldwide. Dr. Marc Girard, a specialist in medicine who is commissioned by the French courts, [told France 24 in a televised interview](#) that the vaccine could very well cause 60,000 deaths in France alone. "We are developing a vaccine under conditions of amateurism that I have never seen before," he said, noting that the nation's immunization program was placing the public health in grave danger. He added that the government has a duty to protect citizens from the corrupt companies pushing their vaccines, and that people who are creating hysteria about the swine flu or promoting the vaccine have other interests. The channel's health expert agreed with him, warning of the elevated mercury levels and other toxins in the vaccine.



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A lack of testing is of more than minor concern. In the United Kingdom, the government's Health Protection Agency (HPA) sent a letter to senior neurologists warning that the new swine flu vaccine is linked to the deadly nerve disease known as Guillain-Barre Syndrome (GBS), the *Daily Mail* reported in an article entitled "[Swine flu jab link to killer nerve disease](#)." The leaked HPA letter warned recipients to keep an eye open for GBS and report it immediately.

During the swine flu scare of 1976 in the United States, the risk of contracting the paralysis-inducing illness was reportedly eight times greater in those who received the infamous government swine flu vaccine of that year, compared to those who did not. And the shot killed far more people than the actual virus.

According to some researchers, the risks associated with this year's swine flu vaccination are especially profound owing to the use of some questionable ingredients — such as squalene, an adjuvant that is used to reduce the amount of viral antigen required in vaccines, which allows companies to produce more vaccines for less money at a faster rate.

Squalene is a naturally occurring oil found in the human brain, joints, and other places. The problem, according to some experts, comes when it is administered in a vaccine. They claim that in this circumstance, the body creates antibodies to attack the oil. And it is believed by many to be responsible for the wide variety of symptoms eventually called collectively "Gulf War Syndrome," a sometimes debilitating set of phenomena present in a large number of U.S. military personnel who served during the first war in Iraq.

"The substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene," noted a Tulane Medical School study published in *Experimental Molecular Pathology*. "In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene." The study has been challenged, but it is still widely cited. The Department of Defense, for example, attacked it for not being peer-reviewed. Once it became peer-reviewed, the Department criticized the lead researcher and the journal that published it.

Another study published in the *American Journal of Pathology* highlighted problems with the use of the substance as well. One injection of squalene into rats led them to develop what humans know as rheumatoid arthritis, or "chronic, immune-mediated joint-specific inflammation."

It is also going to be somewhat experimental. There is not a single vaccine containing squalene that is approved for use in America, [according to Meryl Nass, M.D.](#), who notes that at least Novartis and GlaxoSmithKline will make use of it as a "novel feature of the H1N1 vaccines." The "emergency" allows the use of drugs which are not normally approved, while providing blanket immunity to the vaccine manufacturers and virtually everybody involved in the process. Taxpayers will shoulder the burden if health problems emerge.

"There can be no argument that unnecessary mass injection of millions of children with a vaccine containing an adjuvant known to cause a host of debilitating autoimmune diseases is a reckless, dangerous plan," [explained Dr. Joseph Mercola](#), a health activist, author, and strong critic of the swine flu immunization program. He indicated that there are links between squalene and a host of medical problems, citing among others Dr. Viera Scheibner, a former principal researcher for the government of Australia who connected the adjuvant to "arthritis, fibromyalgia, lymphadenopathy, rashes,



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photosensitive rashes, malar rashes, chronic fatigue, chronic headaches, abnormal body hair loss, non-healing skin lesions, aphthous ulcers, dizziness, weakness, memory loss, seizures, mood changes, neuropsychiatric problems, anti-thyroid effects, anaemia, elevated ESR (erythrocyte sedimentation rate), systemic lupus erythematosus, multiple sclerosis, ALS (amyotrophic lateral sclerosis), Raynaud's phenomenon, Sjogren's syndrome, chronic diarrhoea, night sweats and low-grade fevers."

While a federal official has indicated that squalene will likely not be used in the vaccine, there is much evidence that points in the other direction, and it could always be [added at the last minute under the "emergency" powers](#). Several of the companies acknowledge that the adjuvant is in the inoculation, and some of the fast-tracked safety-test disclosure forms in the United States also reveal its presence. The World Health Organization (WHO) even recommends its use, while acknowledging gaps in safety testing, especially among children and pregnant women.

Another ingredient that causes concern is thimerosal. The controversial substance, a mercury-based preservative that will also be used in the swine flu vaccine, has come under fire from a broad array of medical experts. Despite a number of studies that concluded the substance does not cause autism, there are critics of the various studies and plenty of other studies that show it is indeed responsible for the skyrocketing rates of autism since its introduction. [Dr. Mayer Einstein, who runs a vaccine-free medical practice, reports](#) that there are no autism cases among his practice's tens of thousands of patients. Also, critics point to widespread concern about other mercury-related complications, including a host of learning disabilities.

The Food and Drug Administration actually told pharmaceutical companies to stop using the substance in early childhood vaccines. But many vaccines still contain it. And the swine flu vaccine will be no exception, though Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, said that because of concerns over the preservative, there will be some vaccines available without it.

Critics, however, are still not satisfied. "We don't have adequate safety studies on this vaccine before we are moving forward to market," noted Lyn Redwood, the president of a non-profit organization called [SafeMinds](#) (Sensible Action for Ending Mercury-Induced Neurological Disorders) dedicated to investigating and raising awareness about the risks associated with mercury in medicinal products. "I'm really not convinced that we know for sure that the risk of the disease outweighs the risk of the vaccine, especially since this [adjuvant] is a brand new additive that we have never used before in combination with thimerosal."

And thimerosal and squalene are far from the only concerns. Among other potentially dangerous chemicals and substances commonly found in influenza vaccines are formaldehyde, aluminum, antibiotics, and even ethylene glycol, known as anti-freeze. Health experts have varying opinions about the effects of all of these additives, but it's likely that, at the very least, some people getting the shots may have allergic reactions to the shots' component ingredients.

Exacerbating the likelihood of having an allergic reaction to the vaccines is the use of animal cancers in the vaccine's production. Dr. Wolfgang Wodarg, the chairman of the health committee in the German Parliament and the European Council, discussed this concern in an article entitled "[German health expert's flu warning — Does virus vaccine increase risk of cancer?](#)" in the German newspaper *Bild*. "The nutrient solution for the vaccine consists of cancerous cells from animals," Wodarg pointed out, and "we do not know if there could be an allergic reaction." Johannes Löwer, the president of the German government's Paul Ehrlich Institute, also warned that the side effects of the shot could be worse than



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the actual swine flu, according to the *Bild* article.

The Effectiveness of Vaccines

Even if the vaccines were being developed in a safe manner, with safe ingredients, vaccines are not necessarily going to protect someone from getting a certain virus. If the disease mutates, as must happen if the swine flu is to become a major health threat, the inoculation will likely be essentially useless because human antibodies are generally virus-specific. But even if the virus were not to mutate, and even if it were extremely lethal (which it is not), the vaccine may not offer protection.

“So-called pandemic vaccines, well we never know whether they’ll work,” explained Tom Jefferson, an epidemiologist at the Cochrane Institute, about what he believed was an unjustified panic regarding the swine flu. “What the evidence shows, from the hundreds of studies that we have reviewed, is that these vaccines have got a performance [record] which is not very good.” He [told a Swedish television station](#) that the immunizations usually work best in healthy adults, who are the lowest priority for receiving them anyway, and that the reason for the hysteria is the interests of those selling “a product.”

[Dr. Sherri Tenpenny](#), one of the leading experts on the dangers of vaccines, [shows in various presentations — using statistics and data](#) gathered from the CDC and other official sources — that vaccines’ efficacy leaves much to be desired, yet they expose recipients to a wide array of risks. She notes that the immunizations given to children usually only last a number of years, and that “the presence of antibodies does not guarantee that you will not get sick.” The potential immunity obtained from a hepatitis vaccine, for example, is gone in a majority of people within around 10 years. This is the reason people are often re-vaccinated. According to Dr. Tenpenny, most antibodies babies get are “all gone” by the time they are 12 years old. She continued by explaining: “If they inject you with a substance and it creates an antibody, they call it effective. It is one of the biggest myths — maybe scams — of the entire vaccine industry.” Verifying part of her claim, the WHO is already warning that the virus is developing resistance to the vaccine. So even the presence of an immune response does not mean it will offer protection.

Vaccines are not safe and effective, Dr. Tenpenny insists. They are linked to problems like allergies, diabetes, and a host of medical problems. For example, [research and published studies by immunologist and president of Classen Immunotherapies Dr. Bart Classen](#) have shown that vaccines cause up to 80 percent of insulin-dependent diabetes in children vaccinated multiple times. In addition, vaccines are not responsible for the elimination of infectious diseases. They may in fact be causing a resurgence of the diseases that they purport to protect against. “I really think that it is the greatest deception ever propagated on an unsuspecting public — that doing something in the name of health and helping is in fact plausibly detrimental and potentially life threatening.”

Counterintuitively, the facts seem to back her up. A CDC chart on the efficacy of seasonal vaccines shows that flu deaths were steadily decreasing until vaccine programs were rolled out, then flu cases burgeoned. For example, in 1980, about 20 percent of the elderly population was covered by immunizations, and there were about 20 deaths per 100,000 elderly people. Then in the year 2000, when approximately 65 percent of the elderly population had vaccine coverage, deaths had soared to almost 35 per 100,000. The trend is consistent and immediately obvious even to the untrained eye.

“Most people believe that victory over the infectious diseases of the last century came with the invention of immunizations,” [writes Dr. Andrew Weil in *Health and Healing*](#). “In fact, cholera, typhoid, tetanus, diphtheria and whooping cough, etc., were in decline before vaccines for them became



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available — the result of better methods of sanitation, sewage disposal, and distribution of food and water.”

Brief History of Immunizations

Many medical experts agree that, in addition to outright catastrophes that are attributed to vaccines, history shows that the benefits of vaccines are dubious at best.

Criticism of government vaccination programs is nothing new. “The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization,” noted Dr. Robert Mendelsohn in 1973. “There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease.” His damning analysis of vaccines applies across the board.

The most relevant and frequently cited example in relation to the current program is the mass immunization program of 1976 against a supposed outbreak of the swine flu virus. The only people to vote against the program in the House of Representatives were Congressmen Ron Paul and Larry McDonald, both medical doctors. Not only was their vote the only constitutionally appropriate one, the decision to implement the program later proved to be an absolute disaster. “Medically it made no sense to me and politically it sounded like a bad deal,” [Rep. Paul recalled in an interview with CNN](#) last May. “Dr. Larry McDonald and I said it was bad medicine, it was bad politics, and it turned out that it was pretty perceptive,” he added, noting that far more people died from the vaccine than the virus.

The politicalization of the swine flu scare of 1976 followed a predictable course. After some recruits at Fort Dix in New Jersey contracted the swine flu, the Advisory Committee on Immunization Practices of the United States Public Health Service recommended that the entire U.S. population be vaccinated. The CDC and the federal government decided it was necessary to spend almost \$150 million to immunize “every man, woman and child.”

Following a massive government propaganda operation, more potent than the one being witnessed today, millions of Americans dutifully lined up to get their shot. It was safe, effective, and necessary, government officials assured the populace. But the government officials lied.

By the time the dust had settled, only one person’s death had been linked to contracting the swine flu, while hundreds of deaths and thousands of grave neurological disorders were attributed to the vaccine. The campaign was suspended after just 10 weeks as the reports of side effects — often fatal — continued to pour in from around the country.

The “pandemic” never materialized, but since the government had agreed to exempt vaccine manufacturers from liability (much like today), taxpayers were on the hook for billions in damages. One of the most common horrors and widely reported consequences of the immunization was the emergence of the paralyzing neurological disease Guillain-Barre Syndrome in some inoculated Americans. Documents prove the CDC knew about the potential for these effects, but citizens were never informed. [A CBS 60 Minutes investigation](#) also revealed that the government had even lied in claims it made saying that certain well-known figures had taken the vaccine.

In addition to the 1976 “fiasco,” as it was dubbed, a wide variety of other government vaccination debacles have been highlighted by medical experts and opponents of the swine flu vaccine — such as the outbreak of smallpox in the 1920s. [Dr. True Ott wrote in a widely publicized article](#) entitled “Vaccine-induced Disease Epidemic Outbreaks” that the spread of smallpox was actually caused by the government vaccine, which used live viruses.



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“The Protective Bureau proved in court that there was no epidemic before the vaccinations,” he said, referring to the watchdog group Advertiser’s Protective Bureau in Kansas City, Missouri, and the smallpox epidemic in the early twenties. “The court record on this case is very clear. In the weeks and months following the ‘mass vaccinations’ the area’s hospital beds were filled to over-flowing with vaccine-induced smallpox cases.”

Ian Sinclair, an author and vaccination researcher who has studied the issues for over 20 years, points to a slew of other cases of immunization schemes that in retrospect turned out to be disastrous. He provides compelling historical examples from a variety of sources including governments and medical journals, noting that he believes vaccines are “biological poisons” that offer no protection whatsoever and are actually a contributing factor in disease.

When the German government rolled out its compulsory immunization against diphtheria in 1940, there were 40,000 reported deaths from the illness, Sinclair notes. In 1945, 250,000 people died from the disease. Sweden stopped its whooping cough vaccination program in 1979 when it was discovered that 84 percent of the children who fell ill from the disease had been vaccinated against it three times. And a study published in 1994 in the *New England Journal of Medicine* noted that more than 80 percent of American children under five with whooping cough had been fully vaccinated.

A 1970s vaccine study in India revealed that tuberculosis occurred more often in people who had taken the shot than in those who had not. In the United Kingdom, Sinclair points out, the Community Disease Surveillance Center acknowledges over 200,000 cases of whooping cough in fully vaccinated children between 1970 and 1990. An outbreak of polio in Oman in the late 1980s struck hardest in areas where vaccination was widespread. The polio vaccine has also been implicated in the spread of a virus known as SV 40 as a result of the monkeys used in its preparation. It is linked to cancer and a host of other problems.

The WHO has also been accused of sparking the AIDS epidemic in Africa via its smallpox vaccination campaign. “I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Vaccinia,” a WHO advisor told the *London Times* in a 1987 article entitled “Smallpox vaccine ‘triggered Aids virus.’” “Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids.” The article continued by noting that “the greatest spread of HIV infection coincides with the most intense immunization programmes.”

The global health “authorities” have made plenty of other significant blunders and miscalculations as well. In 1967, the WHO declared that Ghana was measles-free after 96 percent of the population was vaccinated. But just five years later, the country suffered its most deadly outbreak of the disease.

A 1990 article about measles in the *Journal of the American Medical Association* pointed out: “Although more than 95% of school-aged children in the US are vaccinated against measles, large measles outbreaks continue to occur in schools and most cases in this setting occur among previously vaccinated children.” And particularly telling, in 1977, Dr. Jonas Salk, the developer of the first polio vaccine, testified with other scientists that the cause of most polio cases in the United States since 1961 was the inoculation itself.

So while governments like to take credit for success in eradicating disease and protecting the public, this is not generally the reality. In fact, governments and their programs often cause disasters under the guise of caring for citizens, and improved health has much more to do with other factors — like capitalism, freedom, and the higher standard of living those entail — than with improved vaccines.



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This is just a small sampling of the damning body of evidence mounting against the cause of vaccinations and their government sponsors. Sinclair and others have highlighted many more examples. There are massive amounts of information available about these issues, so it is certainly worth considering in light of the new swine flu program — especially with the revelations that the new vaccine has been fast-tracked through safety tests under the guise of an “emergency” and some side effects take considerable time to appear.

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